STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)	Maira	M. WEST	Orl			
II. Name of lobbyist's p	artnership, firm or co	rporation, if an	y :			
MM Westo	n + Associ	ates. PL	LC			
(Name	of partnership, firm or co	poration)				
PO BUX 990		Concord ,	N₁	H	03302	
Business Address: (Stree	t)	(Town/City)	(Si	ate)	(Zip Code)	
(608) 224.4077 (Telephone)](403)	224-40° (Fax)	99e-mail !	e-mail Maurae MMWeston, on mi		
				OR you may	file a separate report for	
reportable expense tra	nsactions which are no	ot attributable to	o any one client).			
✓ All reportable transa	ctions occurring in the	months prior to t	he reporting date re	lative to the	following client:	
		•				
very Med	cal and I (Full Name of Client as it	appears on the Loi	by the transfer of the contraction of the contracti	My Pra	Lnu	
OR	(Tan France of Choire as in	appoint on the 200	00,101.1008.011011011.1	,,,,		
All reportable transacturing and any particul	=	ncluding the lobl	oyist's family), or t	he lobbying f	irm listed below which are	
IV. Date of Report April 26, 2017 April 26, 2017 October 25, 2017 activity from date of registration to 3/31/1 activity from 7/1/17 to 9/30/17			July 26, 20 activity from 4/1/1			
			January 31, 2018			
V. There have been to If this box is checked, concord, NH 03301.						
VI. Check if additional	-					
	l fees or made expendit					
If you have paid an Expense Reimbursemen	honorarium or reimbur t	sed expenses, you	u must file Addend	lum B– Repo	ort of Honorariums or	
If you, your firm, or	your family has made	political contribu	tions, you must file	Addendum	C- Political Contributions	
					•	
Sworn Statement/Affir I have read RSA 15, RS. and complete to the best	A 15-B, RSA 14-C and		-		regoing information is true	
るかか			1-3	(Date)		
(Signature of lobbyist)				(Date)	 	
Maura M. W	Litim					
(Print Name of lobbyist		• • •				

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